Delbert Hosemann SECRETARY OF STATE

Email_

Check here if	above is different from	n previous	report

Cilibratian to the state of the	
TYPE OF REPORT May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010)	Mandatory
 _ May 10, 2010 Periodic Report (January 1, 2010, through May 31, 2010)	Mandatory
 _ June 10, 2010 Periodic Report (May 1, 2010, through June 30, 2010)	Mandatory
 October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010)	Mandatory
 October 10, 2009 Periodic Report (October 1, 2010, through October 23, 2010)	Mandatory
 November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010)Runoff (Candidates
 2010 through December 31, 2010)	Mandatory
 January 10, 2011 Periodic Report (October 1, 2015, through Book ampaign Required to terminate Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligations	teboung

IMPORTANT

- Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann, § 23-15-807 (b) (ii) and (iii).
- The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

Itemized	+ Non-itemized =		This Period		Year-To-Date
Total amount of contributions \$ 0	+\$/300	\$	300	\$	1300
Total amount of disbursements \$ 1260	+\$ 5"	\$	1265	\$	1265
Total amount of cash on hand		\$	35		
	the she beat of min	ènnies	lados and belief it	is true, a	ccurate, and complete.

I certify that I have examined this report and to the best of my knowledge

ignature of Director or Treasurer

Authority: Refer to Miss. Gode Ann. 923-15-801 (1972) et. seq. for statutory requirements. Penalties: Fallure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1, Condidates for Statewide, State district, multi-nounty and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jankson, MS 39205 or fax to 601-359-1499 or 601-576-2819.

2. Centifidates for countywide end county district offices should return forms to their county Circuit Clerk

Page	1	of /	
raye			

Name of Candidate	or Committee	John	Shirley	Cam	paign.	
Maille of Centridate	32 04		through	10/22	1.0	
Penarting period	10/1/10		through	10103	1/0	

ITEMIZED DISBURSEMENTS

Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
BMSPTO	101 110	\$ 260
BRANDON 39042		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ 260
3. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
John Shirley Mailing Address PO BOX 4334	101_10	\$ 1,000
City State 7 in Code		s
Purpose of Disbursament (Optional) Reimbursament	Aggregate Year-to-date	\$ 1,000
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursament (Optional)	Aggregate Year-to-date	s
D. Full name	(Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		S
City, State, Zip Code		S
Purpose of Disbursament (Optional)	Aggregate Year-to-date	S
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		s
City, State, Zip Code		S
Purpose of Disbursoment (Optional)	Aggregate Year-to-date	s
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Melling Address		\$
City, State, Zip Coda		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S